

CLAIMS ONLY

Application Number

„Filling“ Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10	/					
11	X	X				
12	X	X				
13	X	X				
14		/				
15		/				
16	X	X				
17	X	X				
18		/				
19	X	X				
20	/	/				
21		/				
22		/				
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45						
46						
47						
48						
49						
50						
Total Indep.	3					
Total Depend.	16					
Total Claims	19					

May be used for additional claims or amendments

	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
51						
52						
53						
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98						
99						
100						
Total Indep.						
Total Depend.						
Total Claims						